

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) GABRIEL CRIMI
Name
(2) 5700 NE 22ND TERRACE
Address (number and street)
FORT LAUDERDALE FL 33308
City, State, Zip Code

OFFICE USE ONLY

2012 APR 19 AM 9:26

CITY CLERK

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought):

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

MAYOR OF FORT LAUDERDALE

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☒ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01/27/12 To 02/01/12 Report Type TR

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ 0

(8) Other Distributions ¹⁶
\$ 50.00

(9) TOTAL Monetary Contributions To Date
\$ 500.00

(10) TOTAL Monetary Expenditures To Date
\$ 500.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) GABRIEL CRIMI

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

☒ Signature Gabriel Crimi

I certify that I have examined this report and it is true, correct, and complete.

(Type name) GABRIEL CRIMI

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

☒ Signature Gabriel Crimi

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name GABRIEL CRIM (2) I.D. Number _____

(3) Cover Period 01/12/12 through 02/01/12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	(None)						
/ /							
/ /							
/ /							
/ /							
/ /							
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